

FOOD STAMP REPAYMENT AGREEMENT

Personal information you provide may be used for secondary purposes [Privacy Laws. 15.04(1)(m)].

Case Name	Case Number	
Agency Representative Name	Date	Amount Due \$

Complete and sign the repayment agreement below. Keep the yellow copy and return the white and green copies of this agreement no later than ____/____/____ to:

Repayment Terms: These are the choices you have for repaying the overissuance.

- 1. INITIAL PAYMENT** - You may make an initial cash and/or coupon payment of all or any part of the amount due.
- 2. MONTHLY PAYMENT** - You may repay in monthly payments whether or not your case is open. The minimum monthly payment may not be less than \$_____. If your financial circumstances change, you may request a renegotiation of the repayment plan. If you fail to make these monthly payments and your case is open we will automatically collect any non-administrative overissuance by reducing your benefits each month.
- 3. BENEFIT REDUCTION** - If your case is open, you may repay by reducing your monthly benefits. The minimum monthly payment for non-administrative errors may not be less than \$_____. You may repay an administrative error overissuance by voluntarily reducing your benefits by any reasonable amount you choose.

Supplements: If you still owe an overissuance amount and you become eligible for supplemental food stamps, we will credit the supplemental food stamps to any remaining amount.

REPAYMENT AGREEMENT

I AGREE TO REPAY (check (☐) one):

- ___ **1. INITIAL PAYMENT** - In one cash and/or coupon payment \$_____.
- ___ **2. MONTHLY PAYMENT** - In monthly payments of \$_____. I understand that if I am currently receiving or if I receive food stamp benefits in the future, any outstanding amount for non-administrative error claims may be collected by benefit reduction.
- ___ **3. BENEFIT REDUCTION** - By reducing my current monthly food stamp benefits by \$_____. I understand that if my food stamp benefits are terminated, any outstanding amount owed must be collected.
- ___ **4. OVERISSUANCE CAUSED BY AN ADMINISTRATIVE ERROR** may be repaid by reducing my food stamp benefits.

Participant's Signature	Date Signed
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Re: 7CFR 273.18

White - Original -Client/Agency First Green - Client./Agency Fiscal Yellow - Client Second Green - Case Record